



## PART B - FEE(S) TRANSMITTAL

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7590

05/07/2003

Ladas & Parry  
26 West 61st Street  
New York, NY 10023

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Clifford J. Mass	(Depositor's name)
<i>[Signature]</i>	(Signature)
July 1, 2003	(Date)

07/08/2003 LUW01M2 0000097 09424673

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1300.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/042,673	06/17/2002	Montserrat Monsalvatje Llagostera	U 012500-4	8338
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TITLE OF INVENTION: PROCESS FOR OBTAINING QUINAPRYL HYDROCHLORIDE AND SOLVATES USEFUL FOR ISOLATING AND PURIFYING QUINAPRYL HYDROCHLORIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1300	\$0	\$1300	08/07/2003
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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DAVIS, ZINNA NORTHINGTON	1625	546-147000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
2. **LADAS & PARRY**  
3. \_\_\_\_\_

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

**BARCELONA, SPAIN****ESTEVE QUIMICA, S.A.**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed. **\$ 1300.00**☐ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies \_\_\_\_\_☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **12-0425** (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

**CLIFFORD J. MASS****c/o LADAS & PARRY  
26 WEST 61ST STREET  
NEW YORK, NY 10023****REG. NO.: 30, 086 (212) 708-1890**

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